

PLACE OF BIRTH

1. County of Maricopa
 District of Cochise
 Town of Camp Verde
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 747
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Jack LeRoy Harberson
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth July-5-1930
 Month Day Year

8. FATHER
 Full name Vernon Harberson

9. Residence
 (Usual place of abode) Camp Verde
 If non-resident, give place and state.

10. Color or race
white

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Camp Verde
 (State or country) ariz

13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Phyllis Irene Treweek

15. Residence
 (Usual place of abode) Camp Verde
 If non-resident, give place and state. ariz

16. Color or race
white

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)
 (State or country) Englin

19. Occupation
 Nature of Industry House wife

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:10 a.m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. Bolivar Huff (Physician or midwife).

Address Camp Verde

Given name added from
 a supplemental report.
 Month, day, year

Filed 8-8, 1930

Dr. J. T. Taylor
 Local Registrar.

Filed _____, 19____

Registrar

County Registrar.

175-705-932